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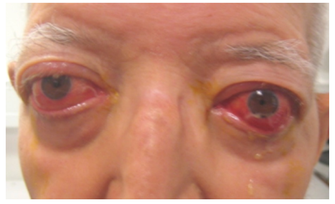
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A retrospective cohort study investigating the role of thyroidectomy in a multi-ethnic cohort of patients with Thyroid Eye Disease (TED)

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Background

90% of Thyroid Eye Disease (TED) is associated with Grave's Hyperthyroidism (GH) [1]. In our practice, earlier thyroidectomy is recommended for patients with high TRAb titres and significant TED. The benefit of thyroidectomy on TED remains controversial in the peer-reviewed literature.



Aim: To evaluate the indications, and endocrine and TED outcomes for thyroidectomy in our TED cohort

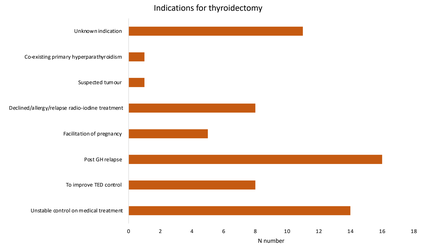
Methods

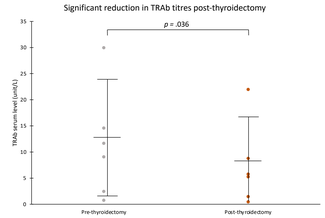
- Retrospective collection of data from electronic medical records of patients >18 years attending Multi-disciplinary Thyroid Eye Disease service
- Baseline demographic data, endocrine diagnosis status, TSH receptor (TRAb) antibody levels, treatment and TED parameters (Clinical Activity Score and immunosuppression treatment) were collected
- Indications for thyroidectomy, intra-operative data, complications and outcomes were collected
- SPSS was used for statistical analysis

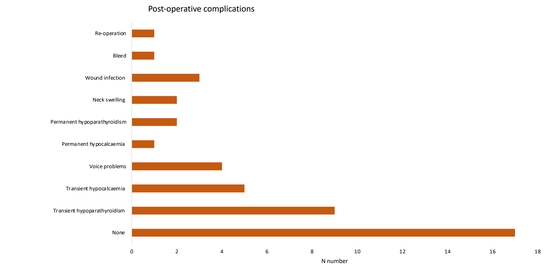
1. Endocrine Society."Thyroid Eye Disease | Endocrine Society." Endocrine.org, Endocrine Society, 23 November 2023, https://www.endocrine.org/patient-engagement/endocrine-library/thyroid-eye-disease

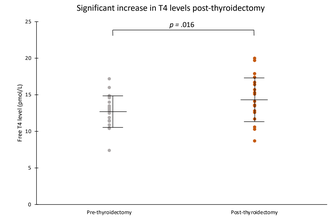
Results

13% patients (75/568) underwent total thyroidectomy of which 51% (38/75) received immunosuppression treatment for TED. Medical records were available for 46 patients. 96% (44/46) had Graves' disease and 4% (2/46) Hashimoto's disease. 98% were female. Mean age of onset of thyroid disease was 39 years (range 21-72 years). 52% (14/27) were current or ex-smokers. 91% (30/33) were biochemically euthyroid at time of thyroidectomy.









Conclusion

17% of our TED cohort were recommended for thyroidectomy to improve their TED control. Our study demonstrates a clinically significant reduction in TRAb and increase in T4 levels post-operatively but no significant change in TED parameters. Thyroidectomy reduces risk of GH relapse which is a major risk factor for TED relapse.